

**STATEMENT FOR DETERMINING CONTINUING ELIGIBILITY
FOR SUPPLEMENTAL SECURITY INCOME PAYMENTS**

PRIVACY ACT/PAPERWORK ACT NOTICE: I understand that my response is voluntary but : (1) that the information requested below is needed to determine my continuing eligibility to Supplemental Security Income and/or State supplementary payments and may result in an adjustment of my payment; (2) that this information may be used in determining my eligibility for State Medicaid or Social Services; and (3) that no further benefits can be paid under the Supplemental Security Income/or State Supplemental programs unless this form is completed and filed as required by existing law and regulations (section 1611(c) of the Social Security Act and regulations 20 CFR 416.204). The routine uses for the information obtained are fully explained and published annually in The Federal Register. The Social Security Administration will further explain these uses upon request.

DRDP:
RUN:
JD:
STC:
WI:
TPI:
FLA:
PROFILE:
DOC:
CFL:
HUN:
FUN:
TMR:
TEL:
LANGPREF:

RETURN THIS FORM WITHIN 30 DAYS

SOCIAL SECURITY NUMBER (SSN)	HUSBAND'S/WIFE'S NAME
	HUSBAND'S/WIFE'S SOCIAL SECURITY NUMBER

IF YOUR NAME AND ADDRESS SHOWN ABOVE ARE NOT CORRECT, CROSS OUT THE PART THAT IS WRONG AND WRITE IN THE CORRECT INFORMATION

I understand that the Social Security Administration will also compare its records with records from other State and/or Federal agencies to make sure I am paid the correct amount.

PRINT ANSWERS LIKE THIS ►

0	1	2	3	4	5	6	7	8	9
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 OR LIKE THIS ►

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

1.	Since _____, have you moved to a new address? If "YES", please give: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	NEW ADDRESS	DATE(S) YOU MOVED	
2.	Since _____, have you spent a full calendar month in a hospital, nursing home, other institution or any place other than where you live? (Include trips outside the U.S.). If "yes" were you in: <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Institution <input type="checkbox"/> Outside U.S. <input type="checkbox"/> Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	DATE(S) ENTERED Month Day Year <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	DATES(S) LEFT Month Day Year <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	
	NAME(S) AND ADDRESS(ES) OF INSTITUTION(S)		

3. Since _____, has anyone moved into or out of the place where you live? (also report births and deaths)

Yes ☐ No ☐

4. Since _____, have you (or your spouse living with you) earned money from work?

Yes ☐ No ☐

5. Since _____, has anyone NOT LIVING WITH YOU given you any money or helped pay your bills?

Yes ☐ No ☐

IF "YES", WHAT KIND OF HELP?

HOW OFTEN DID YOU RECEIVE THIS HELP?

6. Since _____, have you (or your spouse living with you) received support payments, rental income, or any other money payments OR received a private pension or annuity from a Federal, State, or Local Government? (DO NOT INCLUDE: Social Security, SSI, Welfare, Food Stamps, VA or Railroad Benefits.)

Yes ☐ No ☐

IF "YES", WHAT WAS RECEIVED?

INTEREST

INCOME

OTHER

PAYMENT
AMOUNT

\$

HOW OFTEN WAS
THIS RECEIVED?

Do not write in
this space

Example: For items 7,
8 and 9 If you have \$600, it would
be printed like this.

SHOW DOLLARS ONLY

→

7. Do you (or your spouse living with you) have any savings OR checking account(s)? Include accounts where you have DIRECT DEPOSITS.

IF "YES", give name and address of all bank(s) or savings institution(s):

Yes ☐ No ☐

NAME OF BANK

ADDRESS OF BANK

GIVE
ACCOUNT
BALANCE

→

NAME OF BANK

ADDRESS OF BANK

GIVE
ACCOUNT
BALANCE

→

8. Does your name (or the name of your spouse living with you) appear on any other savings OR checking account(s) that you DO NOT consider your own? Include accounts where you have DIRECT DEPOSITS.

IF "YES", give name and address of all bank(s) or savings institution(s):

Yes ☐ No ☐

NAME OF BANK

ADDRESS OF BANK

GIVE
ACCOUNT
BALANCE

→

NAME OF BANK

ADDRESS OF BANK

GIVE
ACCOUNT
BALANCE

→

9. OTHER THAN your checking or savings account(s), do you (or your spouse living with you) have any other money? (Examples: cash at home, stocks, bonds, notes, certificates of deposit.)

Yes ☐ No ☐

IF "YES" LIST WHAT YOU HAVE

CASH STOCKS BONDS NOTES CDs OTHER

☐

☐

☐

☐

☐

☐

☐

GIVE
VALUE

→

10. Do you (or your spouse living with you) own or partly own any land or buildings where YOU DO NOT LIVE? (Including inherited property and any real estate with your name on the deed or mortgage NOT counting the place where you live.)

Yes ☐ No ☐

11. Since _____, have you sold, transferred any title, disposed of or given away any money, or other property, including money or property in foreign countries?

Yes ☐ No ☐

12.	Since _____, have you or your spouse living with you had any change in health insurance coverage or other insurance that pays for medical bills? (DO NOT INCLUDE Medicare, but DO INCLUDE insurance such as accident, automobile, or casualty if it covers medical bills for any reason.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13.a.	Which language do you prefer to use when speaking to us? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (write in name of language) _____		
13.b.	Which language do you prefer us to use when writing to you? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (write in name of language) _____		
14.	Since _____, has a warrant been issued for your (or your spouse living with you) arrest in connection with a crime, or an attempt to commit a crime, that is a felony (or in New Jersey, a high misdemeanor) or for violation of a condition of probation or parole under Federal or State law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I understand that the Social Security Administration will also compare its records with records from other State and Federal agencies to make sure I am paid the correct amount.

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal or State law or both. I affirm that all information I have given in this document is true.

SIGNATURES

YOUR SIGNATURE (If you sign with an "X" have two people witness below.) SIGN HERE ►	DATE
HUSBAND'S OR WIFE'S SIGNATURE SIGN HERE ►	PHONE NUMBER AT WHICH YOU CAN BE REACHED (Include area code) <input type="checkbox"/> NONE

WITNESSES

YOUR STATEMENT DOES NOT ORDINARILY HAVE TO BE WITNESSED. IF, HOWEVER, YOU HAVE SIGNED BY MARK (X), TWO WITNESSES TO THE SIGNING WHO KNOW YOU MUST SIGN BELOW, GIVING THEIR FULL ADDRESS.

1. SIGNATURE OF WITNESS	2. SIGNATURE OF WITNESS
ADDRESS	ADDRESS

IF YOU ARE THE REPRESENTATIVE PAYEE AND ARE FILING THIS STATEMENT ON BEHALF OF ANOTHER PERSON GIVE:

YOUR FULL NAME (PRINT) AND SIGN HERE ►	DATE
YOUR TITLE OR RELATIONSHIP TO RECIPIENT	PHONE NUMBER AT WHICH YOU CAN BE REACHED (Include area code) <input type="checkbox"/> NONE

FOR SSA USE ONLY

WBDOC ☐

FO ☐